

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008105

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
FILED MAR 7 1962

1003

2474

VS 300
Rev. 4/59

DATE AMENDED

FOLLOWS

AMENDMENTS ON THIS RECORD

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay in 1b <u>52 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>2847 Hampton Ave</u>	
3. NAME OF DECEASED (Type or print) First <u>WANDA</u> Middle <u>GOODRICH</u> Last <u>GOODRICH</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>1</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-2-10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Entertainer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 3 years</u>	
11a. FATHER'S NAME <u>Andrew N. Goodrich</u>		11b. MOTHER'S MAIDEN NAME <u>Marie Ross</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SUBARACHNOID HEMORRHAGE</u>		17. INFORMANT <u>HA Mrs Dorothy Butteiger 7427 Canton Ave</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>SUSPECTED CONGENITAL ANEURYSM OF BRAIN</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>	
DUE TO (c) <u>330 X</u>		52 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>DIABETES MELLITUS</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:55 p.m.</u> Month, Day, Year <u>JANUARY 16, 1959</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Louis County, Mo</u>	
21. I attended the deceased from <u>JANUARY 16, 1959</u> to <u>MARCH 1, 1962</u> and last saw her alive on <u>MARCH 1, 1962</u> Death occurred at <u>1:55 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>C. D. Vermillion, M.D.</u>	
22b. ADDRESS <u>BARNES HOSPITAL</u>		22c. DATE SIGNED <u>3/1/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>March 3, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hiram Burial Park</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>
24. FUNERAL DIRECTOR <u>Shepard Funeral Home 1167 Hamilton Ave</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 3 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Head Smith M.D.</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed Lawrence O. Herbig

Licensed Embalmer No. 4979

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.